

COUNTY MEDICAL SERVICES PROGRAM PROFIT AND LOSS STATEMENT

Beneficiary name	Social security number	For the month ending (month, year)
Business name	Type of business	

(See reverse for instructions for completion.)

<p>PART I Complete this section if you buy and then resell a product or if you make a product for sale. Otherwise, start with Part II.</p> <ol style="list-style-type: none"> 1. Cost of products on hand at beginning of month \$ _____ 2. Cost of products you purchased during month + \$ _____ 3. Cost of materials and supplies used to make products + \$ _____ 4. Other costs to make products + \$ _____ 5. Total costs of products or supplies purchased during month..... + \$ _____ 6. Total of products on hand at beginning of month plus cost of products or supplies purchased during month (line 1 plus line 5) = \$ _____ 7. Cost of total products on hand at end of month - \$ _____ 8. Cost of products sold during month (line 6 minus line 7) = \$ _____ 	<p>COUNTY USE ONLY</p>
<p>PART II—INCOME</p> <ol style="list-style-type: none"> 1. Gross receipts or sales \$ _____ 2. Cost of products sold (Enter amount from Part I, number 8; if you did not sell a product, enter zero here.) - \$ _____ 3. Adjusted gross income = \$ _____ 	

PART III—DEDUCTIONS FOR OPERATING COSTS

<ol style="list-style-type: none"> 1. Advertising \$ _____ 2. Bad debts from sales or service \$ _____ 3. Bank service charges \$ _____ 4. Car and truck charges \$ _____ 5. Commissions \$ _____ 6. Depletion \$ _____ 7. Depreciation \$ _____ 8. Dues and publications \$ _____ 9. Employee benefit programs \$ _____ 10. Freight (not included in Part 1 above) \$ _____ 11. Insurance \$ _____ 12. Interest on business indebtedness \$ _____ 13. Laundry and cleaning \$ _____ 14. Legal and professional services \$ _____ 15. Office expense \$ _____ 16. Rent on business property \$ _____ 17. Repairs \$ _____ 18. Supplies (not included in Part 1 above) \$ _____ 19. Taxes (Do not include windfall profit tax.) \$ _____ 20. Travel and entertainment \$ _____ 21. Utilities and telephone \$ _____ 22. Wages \$ _____ 	<ol style="list-style-type: none"> 23. Windfall profit tax withheld \$ _____ 24. Other expenses (specify): <ol style="list-style-type: none"> a. _____ \$ _____ b. _____ \$ _____ c. _____ \$ _____ d. _____ \$ _____ e. _____ \$ _____ f. _____ \$ _____ g. _____ \$ _____ h. _____ \$ _____ i. _____ \$ _____
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25. Add amounts in columns for lines 1 through 24 (Part III). These are the total deductions: \$ _____

PART IV—NET PROFIT OR LOSS (line 3, Part II, minus line 25, Part III) \$ _____

I declare under penalty of perjury that the foregoing statements are true and correct.

Beneficiary signature	Date
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INSTRUCTIONS FOR COMPLETION

1. In order to complete Part 1, you must make a list of all the stock you had on hand at the beginning of the month and how much it cost you, either to purchase it from your supplier or to make it, if you are making a product for resale. You can use an inventory control form similar to the example shown below so this information will be easily available to you each month.

Example:

Type of Product	Cost per Item	Number of Purchases	Sold Month of May 1999	Balance	Sold Month of	Balance
Rings	\$2.00	100	20	80		
Bracelets	\$5.00	100	10	90		
Necklaces	\$8.00	100	10	90		

2. If you had other types of business expenses such as the examples listed below, list them under Part III, Items 1 through 24i.

- A. Wages for employees
- B. Business insurance
- C. Advertising costs
- D. Federal, state, or county/city taxes paid
- E. Maintenance and repairs of business equipment
- F. Commissions paid to others
- G. Business organization dues
- H. Subscriptions to business publications
- I. Employee benefits (Social Security paid, state disability, pension funds)
- J. Freight to ship products purchased or sold
- K. Interest on business loans (Principal payments are not allowed.)
- L. Laundry and cleaning
- M. Legal and professional services
- N. Travel expenses
- O. Union dues
- P. Business licenses

3. The following are not allowable business expenses:

- A. Personal expenses such as income tax payments, lunches, and transportation to and from work
- B. Purchase of equipment
- C. Payment on the principal of loans for equipment

4. Attach verification of income and expenses to this statement:

- A. Income verification such as copies of sales slips, customer invoices, receipts, or ledgers
- B. Expense verifications such as receipts for items purchased, cancelled checks, bills marked paid

5. **Privacy and Confidentiality Notification:** The Welfare and Institutions Code, Sections 14011 and 14012, authorizes county welfare departments to collect certain information from you to determine if you or the persons you represent are eligible for the County Medical Services Program (CMSP). The information you provide is confidential and may only be disclosed to certain individuals or organizations and then only to administer the CMSP. The information will be used by the county welfare department to establish initial and ongoing CMSP eligibility; by the State's fiscal intermediary for claims processing; by the Department of Health Services for CMSP card production and overpayment recovery actions; for Social Security account number verification; and by medical providers of services and health maintenance organizations for eligibility certification.

Providing this information is mandatory. Failure to do so will result in your ineligibility for CMSP benefits. You have the right to look at your information and may do so at the county welfare office during regularly scheduled office hours.